

**RECEIVED  
CENTRAL FAX CENTER****MAY 07 2007****Supplemental Application Data Sheet****Application Information**

Application number:: 10/693,056  
Filing Date:: 10/24/03  
Application Type:: Regular  
Subject Matter:: Utility  
Suggested classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R??::  
Computer Readable Form (CRF)?::  
Number of copies of CRF::  
Title:: Combinatorial Libraries of Monomer Domains  
Attorney Docket Number:: ~~022013-000160~~ USA-1217-US-CIP2  
Request for Early Publication:: No  
Request for Non-Publication:: No  
Suggested Drawing Figure::  
Total Drawing Sheets:: 34  
Small Entity?:: Yes  
Latin name::  
Variety denomination name::  
Petition included?:: No  
Petition Type::  
Licensed US Govt. Agency::  
Contract or Grant Numbers One::  
Secrecy Order in Parent Appl:: No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Netherlands

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Status:: Full Capacity  
Given Name:: Joost  
Middle Name:: A.  
Family Name:: Kolkman  
Name Suffix::  
City of Residence:: Palo Alto  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 2584 Cowper Street  
City of Mailing Address:: Palo Alto  
State or Province of mailing address:: CA  
Country of mailing address::  
Postal or Zip Code of mailing address:: 94301

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Netherlands  
Status:: Full Capacity  
Given Name:: Willem  
Middle Name:: P.C.  
Family Name:: Stemmer  
Name Suffix::  
City of Residence:: Los Gatos  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 108 Kathy Court  
City of Mailing Address:: Los Gatos  
State or Province of mailing address:: CA  
Country of mailing address::  
Postal or Zip Code of mailing address:: 95030

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Sweden  
Status:: Full Capacity  
Given Name:: Per-Ola  
Middle Name::  
Family Name:: Freskgård  
Name Suffix::  
City of Residence:: Norrköping  
State or Province of Residence::  
Country of Residence:: SE  
Street of Mailing Address:: Örtugsgatan 50  
City of Mailing Address:: Norrköping  
State or Province of mailing address::  
Country of mailing address:: SE  
Postal or Zip Code of mailing address:: 603 79

### Correspondence Information

Correspondence Customer Number:: 20350-30174

### Representative Information

Representative Customer Number:: 20350-30174

### Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application is a	Continuation-in-part	10/289,660	11/06/02
which is a	Continuation-in-part	10/133,128	04/26/02
which is a	Non-provisional of	60/374,107	04/18/02
and is a	Non-provisional of	60/333,359	11/26/01
and is a	Non-provisional of	60/337,209	11/19/01
and is a	Non-provisional of	60/286,823	04/26/01

### Foreign Priority Information

Country:: Application number:: Filing Date::

**Assignee Information**

Assignee Name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::